### SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction	Guide explains how to complete this f	orm. 1 Filer ID (Ethics Commission Filers) 00087452	2 Total pages filed: 36
3 COMMITTEE NAME	OFFICE USE ONLY		
RESTORE TRUST			
			ELECTRONICALLY FILED
			01/16/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	; CITY; STATE; ZIP C	ODE
ADDRESS	PO Box 26677		Date Hand-delivered or Date Postmarked
X Change of Address			
T onunge of Address	Austin, TX 78755		Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI
TREASURER NAME	Mrs. Caitlyn I	3.	
	NICKNAME LAST		SUFFIX
	Tortorici		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUITE #;	CITY; STATE; ZIP CODE
TREASURER	421 Office Park Drive	ASE), APT/SUITE#,	CITT, STATE, ZIP CODE
STREET	421 Office Park Drive		
ADDRESS			
(Residence or Business)	Mountain Brook, AL 35223		
7 CAMPAIGN	STREET OR PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
TREASURER MAILING	421 Office Park Drive		
ADDRESS			
	Mountain Brook, AL 35223		
Change of Address			
8 CAMPAIGN	AREA CODE PHONE NUMBE	ER EXTENSION	
TREASURER PHONE	(205) 440-2873		
9 REPORT	X January 15	30th day before election	Exceeded modified reporting limit
TYPE			
	July 15	8th day before election	Dissolution (Attach PAC-DR)
		Runoff	10th day after campaign treasurer termination
10 PERIOD	Month Day Year	Month	
COVERED	07/01/2023	THROUGH	12/31/2023
	0110112023		1213112023
11 ELECTION	ELECTION DATE	ELECTION TYPE	=
	Month Day Year	Primary Runoff	C Other
	[	General Special	
	· · · ·		
		GO TO PAGE 2	
Forms provided by Te	xas Ethics Commission w	/ww.ethics.state.tx.us	Version V3.5.1.0bfcfb67

### SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID				(Ethics Commission Filers)	
RESTORE TRUST TEX	AS (RTT)		00087452		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)		
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
OPPOSE (Candidate or Measure)			Month	Day Year	
	Measure	DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION TOTALS		FRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$ \$0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS         (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)         \$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO		\$ \$0.00		
	4. TOTAL POLITICAL E	KPENDITURES		\$ \$32,526.14	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	<b>\$</b> \$47,568.52	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF <sup>-</sup> G PERIOD	THE LAST	\$ \$0.00	
	I			1	
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all information Title 15, Election Code.			
		Mrs Caitly	n B. Tortorici		
	STAMP / SEAL ABOVE	-	mpaign Treasure	er	
	UTAWE / JEAL ADUVE				
		, t	his the	day	
of	, 20, to certify which	n, witness my hand and seal of office.			
Signature of officer ad	ninistering oath Print	ed name of officer administering oath	Title of office	er administering oath	

SUBTOTALS - SPAC	С	FORM SPAC OVER SHEET PG 3 3 of 36
17 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)	18 Filer ID 00087452	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 49,078.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
7. SCHEDULE E: LOANS		\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 31,906.19
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 619.95
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
14. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 10.02

#### SCHEDULE A1

_						
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/36		
2	FILER NAME		3	Filer ID (Ethics Commissio	n Filers)	
-		TRUST TEXAS (RTT)			00087452	лтт ного <sub>)</sub>
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/30/2023	BEST, RANDY				\$5,000.00
	I	6 Contributor address; City; State; Zip Code		1		
		DALLAS, TX 75201				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	12/15/2023	BRATTON, STANLEY				\$25.00
	I	Contributor address; City; State; Zip Code		1		
		SPRING BRANCH, TX 78070				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	07/24/2023	BRINKER, NANCY			-	\$2,000.00
	I	Contributor address; City; State; Zip Code		ł		
	I	PALM BEACH, FL 33480				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	CONSULTA	.NT	SELF EMPLOYED			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/20/2023	DICKENS, DANA				\$500.00
	I	Contributor address; City; State; Zip Code		1		
		SAN ANGELO, TX 76904				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	REAL ESTA	ATE INVESTMENT	CREEKSIDE RURAL IN	1/E	STMENTS, INC	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/02/2023	HERNANDEZ, JOHN				\$200.00
		Contributor address; City; State; Zip Code		1		
		AUSTIN, TX 78702				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
	MANAGING	PARTNER	CORVUS ADVISORS			
			I			

#### SCHEDULE A1

			1	
The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/36		
2 FILER NAME	 E	3 Filer ID (Ethics Commission F	Filers)	
	TRUST TEXAS (RTT)		00087452	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/02/2023	· · ·			\$200.00
	6 Contributor address; City; State; Zip Code		1	
I	AUSTIN, TX 78702			
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
MANAGINO	G PARTNER	CORVUS ADVISORS		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/02/2023				\$200.00
			4	
	AUSTIN, TX 78702			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)	
MANAGIN	G PARTNER	CORVUS ADVISORS		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/02/2023		/		\$200.00
	Contributor address; City; State; Zip Code			+=
	AUSTIN, TX 78702			
Principal occ	L cupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
	G PARTNER	CORVUS ADVISORS	,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
08/02/2023		/		\$200.00
00,02,2020			4	Ψ200.00
	Contributor address; City; State; Zip Code			
	AUSTIN, TX 78702			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ۱	
	G PARTNER	CORVUS ADVISORS	"	
			L Amount of Contribution (Φ)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> 200.00
07/02/2023				\$200.00
	Contributor address; City; State; Zip Code			
	AUSTIN, TX 78702			
Dringinglogy				
	Cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
MANAGING	G PARTNER	CORVUS ADVISORS		
1				

#### SCHEDULE A1

The Instructi	ion Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/36	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
RESTORE TR	UST TEXAS (RTT)	00087452	
	Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/28/2023	KILBERG, BOBBIE		\$2,000.00
6	Contributor address; City; State; Zip Code		
	·····		
	MCLEAN, VA 22101		
8 Principal occupa	tion / Job title (See Instructions)	9 Employer (See Instructions	3)
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/15/2023	KOZMETSKY, AARON		\$1,000.00
	Contributor address; City; State; Zip Code		
	DALLAS, TX 75219		
	ation / Job title (See Instructions)	Employer (See Instructions	5)
CIO		KMS VENTURES	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/09/2023	LEE, THOMAS		\$10,000.00
	Contributor address; City; State; Zip Code		
	NEW CANAAN, CT 06840		
		Employer (See Instructions	
HEAD OF RES	SEARCH AND MANAGING PARTNER	FUNDSTRAT GLOBAL	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/11/2023	LESSING, STEPHEN		\$2,500.00
	Contributor address; City; State; Zip Code		
	HOBE SOUND, FL 33455		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	
MANAGING D		BARCLAYS	
I			Amount of Contribution (\$)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: PARAFESTAS, ANASTASIOS	)	Amount of Contribution (\$) \$10,000.00
12/05/2025			\$10,000.00
	Contributor address; City; State; Zip Code		
	WORCESTER, MA 01609		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	l ;)
MANAGING M		THE BOLLARD GROUP	
		<u> </u>	

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/36		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		IRUST TEXAS (RTT)		00087452	/	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/15/2023	PARKER, BETSY				\$3.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		MOULTRIE, GA 31768		Ĺ		
8	Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instruction: RETIRED	S)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	÷= 000.00
	10/12/2023	PATEL, PIYUSH				\$5,000.00
		Contributor address; City; State; Zip Code				
		LAKELAND, FL 33803				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instruction	<u> </u>		
	CEO		KYRA SOLUTIONS			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/27/2023	PATTERSON, DAN				\$250.00
		Contributor address; City; State; Zip Code		1		
		DALLAS, TX 75214				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	FINANCE		SELF EMPLOYED			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/04/2023	ROSS, BRUCE				\$500.00
		Contributor address; City; State; Zip Code		]		
		HOUSTON, TX 77057				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> s)		
	MANAGING		POWER-ON-DEMAND		с	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	08/08/2023	TOLL, BRUCE				\$5,000.00
		Contributor address; City; State; Zip Code		1		
		PALM BEACH, FL 33480	i			
		pation / Job title (See Instructions)	Employer (See Instruction	s)		
	DEVELOPE	к	BET INVESTMENTS			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/6 Rpt: 8/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **RESTORE TRUST TEXAS (RTT)** 00087452 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/20/2023 VERMA, SHANTI \$1,500.00 6 Contributor address; City; State; Zip Code WINCHESTER, MA 01890 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/20/2023 VERMA, SUDIP \$1,500.00 Contributor address; City; State; Zip Code WINCHESTER, MA 01890 Principal occupation / Job title (See Instructions) Employer (See Instructions) SR DIRECTOR INVOICE CLOUD Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/15/2023 WILSON JR, WELCOME \$500.00 Contributor address; City; State; Zip Code HOUSTON, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) EXECUTIVE WELCOME GROUP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/28/2023 \$100.00 ZEIDMAN, JAY Contributor address; City; State; Zip Code HOUSTON, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) MANAGING PARTNER ALTITUDE VENTURES Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/28/2023 \$100.00 ZEIDMAN, JAY Contributor address; City; State; Zip Code HOUSTON, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) MANAGING PARTNER ALTITUDE VENTURES

SCHEDULE	A1
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The Instru	iction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/36		
2 FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	TRUST TEXAS (RTT)		00087452	-	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/28/2023					\$100.00
	6 Contributor address; City; State; Zip Code		1		
	HOUSTON, TX 77027				
-		9 Employer (See Instructions			
MANAGING		ALTITUDE VENTURES			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
10/01/2023	ZEIDMAN, JAY				\$100.00
	Contributor address; City; State; Zip Code		1		
	HOUSTON, TX 77027		Ĺ		
	upation / Job title (See Instructions)	Employer (See Instructions			
MANAGING		ALTITUDE VENTURES			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
08/28/2023	ZEIDMAN, JAY				\$100.00
	Contributor address; City; State; Zip Code				
	HOUSTON, TX 77027				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
MANAGING		ALTITUDE VENTURES			
Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
07/28/2023	ZEIDMAN, JAY	/			\$100.00
0112012022	Contributor address; City; State; Zip Code				Ψ100.00
	HOUSTON, TX 77027				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
MANAGING	PARTNER	ALTITUDE VENTURES			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	verhea xpens Expen Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	)
	Sch: 1/20 Rpt: 10/36		RESTORE TRUST TEXAS (RTT)					00087452	
4	Date	5	Payee name						
	10/24/2023		AMERICAN EXPRESS						
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	ode				
	\$128.90		200 VESEY STREET						
			NEW YORK, NY 10285						
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF		Credit Card Payment	s seriedule)			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						PAYMENT O	F C	CREDIT CARD BILL FOR TRAVE	L
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	12/05/2023		AMERICAN EXPRESS						
	Amount (\$)		Payee address; City; S	tate; Zip C	ode				
	\$371.79		200 VESEY STREET	· ·					
	+012110								
			NEW YORK, NY 10285						
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Credit Card Payment					ide of Texas. Complete Schedule T. , officeholder living expense	
								CREDIT CARD BILL FOR TRAVEL	
						AND POSTA			-
	Complete ONLY if direct		Candidate/Officeholder name	Office so	l			Office held	
	expenditure to benefit C/Oł			Office Sol	agin				
-	Date								_
	12/18/2023		Payee name AMERICAN EXPRESS						
									_
	Amount (\$)		<b>,</b> , , , , , , , , , , , , , , , , , ,	tate; Zip C	ode				
	\$119.26		200 VESEY STREET						
			NEW YORK, NY 10285						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Credit Card Payment					ide of Texas. Complete Schedule T.	
						AND WEB SI		CREDIT CARD BILL FOR TRAVEL	-
					1		_^``		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politi Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 2/20 Rpt: 11/36		RESTORE TRUST TEXAS (RTT)				00087452		
4	Date	5	Payee name			<u> </u>			
	07/03/2023		ANEDOT						
6	Amount (\$)	7		e; Zip Co	de				
	\$8.30		1340 POYDRAS STREET						
			STE 1770						
			NEW ORLEANS, LA 70112						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description				
	OF EXPENDITURE		Fees	,	Check if travel		ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					CREDIT CAP	RD	PROCESSING FEES		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	07/21/2023		ANEDOT						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$120.60		1340 POYDRAS STREET						
			STE 1770						
			NEW ORLEANS, LA 70112						
	PURPOSE	(a)			(b) Description				
	OF	(4)	Category (See Categories listed at the top of this sci Fees	hedule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense		
					CREDIT CAP	RD	PROCESSING FEES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	07/25/2023		ANEDOT						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$80.30		1340 POYDRAS STREET	, <u>_</u> p ee					
	\$00100		STE 1770						
			NEW ORLEANS, LA 70112						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description	<b>e</b> 1 - 1	ide of Towar, Complete Ortestide T		
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense		
							PROCESSING FEES		
-	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	aht		Office held		
	expenditure to benefit C/OI			2	9				

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 3/20 Rpt: 12/36	RESTORE TRUST TEXAS (RTT)	00087452						
4	Date 07/29/2023	Payee name ANEDOT							
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$4.30       1340 POYDRAS STREET       STE 1770         NEW ORLEANS, LA 70112       NEW ORLEANS, LA 70112								
8	PURPOSE OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense CARD PROCESSING FEES						
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	08/02/2023	ANEDOT							
Amount (\$) Payee address; City; State; Zip Code \$8.30 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112									
	PURPOSE OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense CARD PROCESSING FEES						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Confice held						
	Date	Payee name							
	08/24/2023	ANEDOT							
Amount (\$)     Payee address;     City;     State;     Zip Code       \$200.30     1340 POYDRAS STREET       STE 1770       NEW ORLEANS, LA 70112									
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE (	CATEGORIE	ES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	L C F Dense F S	Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAM	ЛЕ				3	Filer ID (Ethics Commission Filers)	
	Sch: 4/20 Rpt: 13/36		E TRUST TEXAS (R	TT)				00087452	
4	Date 08/28/2023	Payee nam ANEDOT	16						
6	Amount (\$) \$4.30 \$4.30 T Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112								
8	PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the to	op of this schedu	ule) (	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense PROCESSING FEES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	officeholder name	Offi	ice soug	ht		Office held	
	Date	Payee nam	1e						
	09/07/2023	ANEDOT							
Amount (\$) Payee address; City; State; Zip Code \$8.30 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112									
	PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the to	op of this schedu	ule) (	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense PROCESSING FEES	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/C	Officeholder name	Offi	ice soug	nt Office held			
	Date	Payee nam							
	09/11/2023	ANEDOT							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$100.30     1340 POYDRAS STREET       STE 1770       NEW ORLEANS, LA 70112								
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES							, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	Officeholder name	Offi	ice soug	ht		Office held	
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		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 5/20 Rpt: 14/36	RESTORE TRUST TEXAS (RTT)	00087452							
4	Date 09/27/2023	5 Payee name ANEDOT								
6	5 Amount (\$)       7 Payee address; City; State; Zip Code         \$10.31       1340 POYDRAS STREET         STE 1770         NEW ORLEANS, LA 70112									
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense D PROCESSING FEES							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/01/2023	ANEDOT								
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel of Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense D PROCESSING FEES							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/03/2023	ANEDOT								
	Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense D PROCESSING FEES							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 6/20 Rpt: 15/36	RESTORE TRUST TEXAS (RTT)	00087452							
4	Date 10/13/2023	Payee name ANEDOT								
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$200.30       1340 POYDRAS STREET       STE 1770         NEW ORLEANS, LA 70112       NEW ORLEANS, LA 70112									
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense D PROCESSING FEES							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/29/2023	ANEDOT								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$4.30     1340 POYDRAS STREET       STE 1770									
		NEW ORLEANS, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense D PROCESSING FEES							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/31/2023	ANEDOT								
	Amount (\$) \$50.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense D PROCESSING FEES							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E e Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILE	RNAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 7/20 Rpt: 16/36		STORE TRUST TEXAS (	(RTT)				00087452		
4	Date 11/02/2023		ee name EDOT							
6	Amount (\$) \$8.30	7 Payee address; City; State; Zip Code         8.30       1340 POYDRAS STREET         STE 1770         NEW ORLEANS, LA 70112								
8	PURPOSE OF EXPENDITURE	<b>(a)</b> Cate Fee	- · · · · ·	e top of this sch	iedule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense PROCESSING FEES		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held		
	Date	Pay	ee name							
11/10/2023 ANEDOT										
Amount (\$) Payee address; City; State; Zip Code										
	\$400.30 1340 POYDRAS STREET									
			E 1770 W ORLEANS, LA 70112							
	PURPOSE OF EXPENDITURE	Check if Austin				n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense PROCESSING FEES			
	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	(	Office sou	ht		Office held		
	Date	Pay	ee name							
	11/16/2023	-	EDOT							
	Amount (\$) \$40.30	134 Ste	ee address; City; 0 POYDRAS STREET 5 1770 W ORLEANS, LA 70112	State	; Zip Coo	le				
	PURPOSE OF EXPENDITURE	<b>(a)</b> Cate Fee	<b>•</b> • • • • • • • • • • • • • • • • • •	e top of this sch	nedule)	Check if Austin	ι, TX,	ide of Texas. Complete Schedule T. , officeholder living expense PROCESSING FEES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	(	Office sou	ht		Office held		

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•	/Beverage Expense Office Overhead/Rental Expense wards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)			
1	Sch: 8/20 Rpt: 17/36		RESTORE TRUST TEXAS (RTT)				00087452			
4	Date 11/28/2023	5	Payee name ANEDOT							
6	Amount (\$) \$4.30	7	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES						officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	12/02/2023		ANEDOT							
	Amount (\$) \$8.30									
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sch Fees	hedule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense PROCESSING FEES			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	12/04/2023		ANEDOT							
	Amount (\$) \$20.30		Payee address; City; State 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	e; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees	hedule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense PROCESSING FEES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Office Overhead/Rental Exp Food/Beverage Expense Offit/Awards/Memorials Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 9/20 Rpt: 18/36	RESTORE TRUST TEXAS (RTT)	00087452							
4	Date 12/06/2023	Payee name ANEDOT								
6	Amount (\$) \$400.30	7 Payee address; City; State; Zip Code         \$400.30         1340 POYDRAS STREET         STE 1770         NEW ORLEANS, LA 70112								
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       CREDIT CARD PROCESSING FEES										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
12/16/2023 ANEDOT										
	Amount (\$) Payee address; City; State; Zip Code \$22.02 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112									
	PURPOSE OF EXPENDITURE	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense IT CARD PROCESSING FEES							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/20/2023	ANEDOT								
	Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112								
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITUR	E CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials mittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 10/20 Rpt: 19/36		RESTORE TRUST TEXAS	(RTT)				00087452		
4	Date 12/28/2023		Payee name ANEDOT							
6	Amount (\$) \$84.60									
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       CREDIT CARD PROCESSING FEES							, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office soug	ght		Office held		
	Date		Payee name							
09/19/2023 BUSH, GEORGE										
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$233.99     PO BOX 26677									
	PURPOSE OF EXPENDITURE	(a)	AUSTIN, TX 78755 Category <sub>(See Categories listed at th</sub>	ne top of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght		Office held		
	Date		Payee name							
	07/18/2023		BUSH, GEORGE							
	Amount (\$) \$541.52		Payee address; City; PO BOX 26677	State	; Zip Coo	de				
			AUSTIN, TX 78755							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel In District	ne top of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office souç	ght		Office held		

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	xpense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 11/20 Rpt: 20/36		RESTORE TRUST TEXAS (	RTT)				00087452		
4	Date	5	Payee name				I			
	10/03/2023		BUSH, GEORGE							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$147.95		PO BOX 26677							
		AUSTIN, TX 78755								
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.		
							, IX,	, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ht		Office held		
	Date									
	12/21/2023		Payee name BUSH, GEORGE							
	Amount (\$) \$57.23		Payee address; City; PO BOX 26677	State;	; ZIP COC	le				
	457.25 FO BOX 20077									
			AUSTIN, TX 78755							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Food/Beverage Expense	e top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			nt Office held					
_		1								
	Date		Payee name							
	08/01/2023		CATCH DIGITAL STRATEG							
	Amount (\$)		Payee address; City;		; Zip Coo	le				
	\$1,265.29		2714 WASHINGTON STREE	ΞT						
			#163							
			GREENVILLE, TX 75401							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
							_,,_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	С	Office soug	ht		Office held		
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			EXPENDITURE C	ATEGORI	IES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe hmittee Legal Services The Instruction Guide	nse	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 12/20 Rpt: 21/36		RESTORE TRUST TEXAS (RT	T)				00087452			
4	Date 08/09/2023		Payee name CATCH DIGITAL STRATEGY								
6	Amount (\$) \$1,265.29		2714 WASHINGTON STREET #163 GREENVILLE, TX 75401								
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Consulting Expense       (b) Description         Image: Consulting Expense       Image: Check if taxel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice soug	ht		Office held			
	Date		Payee name								
	09/07/2023 CATCH DIGITAL STRATEGY										
	Amount (\$) \$1,265.29		Payee address; City; 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	State;	Zip Coc	e					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Consulting Expense	o of this sched	dule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense A CONSULTING			
	Complete ONLY if direct expenditure to benefit C/OF		candidate/Officeholder name	Of	fice soug	ht		Office held			
	Date 10/06/2023		Payee name CATCH DIGITAL STRATEGY								
	Amount (\$) \$1,265.29		Payee address; City; 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	State;	Zip Coo	e					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Consulting Expense	o of this sched	dule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense A CONSULTING			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice soug	ht		Office held			

			EXPENDITURE C	ATEGOR	IES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 13/20 Rpt: 22/36	1	RESTORE TRUST TEXAS (RTT) 00087452								
4	Date 11/14/2023		Payee name CATCH DIGITAL STRATEGY								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
•	\$1,265.29	i i	2714 WASHINGTON STREET #163 GREENVILLE, TX 75401								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING								, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held			
	Date		Payee name								
	12/06/2023 CATCH DIGITAL STRATEGY										
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$1,250.00     2714 WASHINGTON STREET       #163										
		(	GREENVILLE, TX 75401								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Consulting Expense	p of this scheo	dule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-	andidate/Officeholder name	Of	ffice soug	ht		Office held			
	Date		Payee name								
	07/18/2023		CROSBY OTTENHOFF GROU	JP							
	Amount (\$) \$1,351.25		Payee address; City; 511 PENNSYLVANIA AVE SE NUM 267 WASHINGTON, DC 20003	-	Zip Coo	e					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Accounting/Banking	p of this sched	dule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CONSULTING			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held			

			EXPEN	DITURE CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expensi Fees Food/Beverag Gift/Awards/M mmittee Legal Services	e e Expense emorials Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 14/20 Rpt: 23/36		RESTORE TRUST TH	EXAS (RTT)				00087452			
4	Date	5	Payee name				-				
	08/29/2023		CROSBY OTTENHO	FF GROUP							
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$1,938.75		611 PENNSYLVANIA	AVE SE							
			NUM 267								
	WASHINGTON, DC 20003										
8	PURPOSE	(a)				(b) Description					
Ū	OF	("	Category (See Categories I Accounting/Banking	isted at the top of this sch	nedule)		outsi	de of Texas. Comple	ete Schedule T.		
	EXPENDITURE		, loocanting, banking			Check if Austin	ı, ТХ,	officeholder living e	expense		
						COMPLIANC	E (	CONSULTING	3		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	ame C	Office souç	ht		Office held	d		
	Date		Payee name								
	09/28/2023		CROSBY OTTENHO	FF GROUP							
	Amount (\$)		Payee address; City	; State;	; Zip Coo	le					
	\$705.00		611 PENNSYLVANIA	AVE SE							
			NUM 267								
			WASHINGTON, DC 2	20003							
	PURPOSE	(a)	Category (See Categories I	sted at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Accounting/Banking		ieuuie)		outsi	de of Texas. Comple	ete Schedule T.		
	EXPENDITORE							officeholder living e			
						COMPLIANC	CE (	CONSULTING	3		
								011			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	ame C	Office soug	ght Office held					
	Date		Payee name								
	10/24/2023		CROSBY OTTENHO	FF GROUP							
	Amount (\$)		Payee address; City	: State:	; Zip Coo	le					
	\$940.00		611 PENNSYLVANIA		,p						
			NUM 267	-							
			WASHINGTON, DC 2	20003							
	DUDDOCE										
	PURPOSE OF	(a)	Category (See Categories I	isted at the top of this sch	nedule)	(b) Description	outsi	de of Texas. Comple	ete Schedule T.		
	EXPENDITURE		Accounting/Banking					officeholder living e			
						COMPLIANC	E C	CONSULTING	3		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	ame C	Office soug	ht		Office held	d		
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nking Fees Office Overhead/Rental Expense pense Food/Beverage Expense Polling Expense Donations Made By - Gitt/Awards/Memorials Expense Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 24/36		RESTORE TRUST TEX	AS (RTT)				00087452
4	Date	5	Payee name					
	11/16/2023		CROSBY OTTENHOFF	GROUP				
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	de		
	\$1,233.75		611 PENNSYLVANIA AV	/E SE				
			NUM 267					
			WASHINGTON, DC 200	03				
8	PURPOSE	(a)	Category (See Categories listed	at the ten of this cal	adula)	(b) Description		
Ū	OF		Accounting/Banking	at the top of this sch	iedule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		,			Check if Austin	, TX,	, officeholder living expense
						COMPLIANC	E (	CONSULTING
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name		Office souç	yht		Office held
	Date		Payee name					
	10/31/2023		FREDERICK DOUGLAS	S REPUBLIC	ANS OF	TARRANT COUI	NT	Y
	Amount (\$)		Payee address; City;	State	; Zip Coo	de		
	\$100.00		PO BOX 170912					
			ARLINGTON, TX 76003					
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations					ide of Texas. Complete Schedule T.
	-		Candidate/Officeholder/F	olitical Comm	nittee			, officeholder living expense
						DONATIONS	)	
	Complete ONIL V if direct		Condidate/Officebolder name			. ht		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name		Office soug	JUL		Office held
-	Date		Payee name					
	07/12/2023		HOLTZMAN VOGEL, PL	LC				
	Amount (\$)		Payee address; City;		; Zip Coo	10		
	\$240.00		15405 JOHN MARSHAL		, zip cot			
	Ψ2+0.00		10400 001 111 10, (101 1) (2					
			HAYMARKET, VA 20169	)				
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Legal Services					ide of Texas. Complete Schedule T.
	-							, officeholder living expense
							30	
			Condidate (Office to the					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	· (	Office soug	Int		Office held
⊢								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Committee       Legal Services         Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 16/20 Rpt: 25/36	RESTORE TRUST TEXAS (RTT)	00087452				
4	Date 08/09/2023	Payee name HOLTZMAN VOGEL, PLLC					
6	Amount (\$) \$1,320.00	Payee address; City; State; Zip Code 15405 JOHN MARSHALL HIGHWAY					
		HAYMARKET, VA 20169					
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>LEGAL CONSULTING</li> </ul>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/24/2023	PINE COVE CAPITAL, LLC					
	Amount (\$) \$175.00	Payee address;City;State;Zip Code601 CONGRESS AVESTE 300AUSTIN, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense CES				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/11/2023	PINE COVE CAPITAL, LLC					
	Amount (\$) \$350.00	Payee address;City;State;Zip Code601 CONGRESS AVESTE 300AUSTIN, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense CES				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense			Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 17/20 Rpt: 26/36		RESTORE TRUST TEXAS (R	TT)				00087452	
4	Date	5	Payee name						
	10/04/2023		PINE COVE CAPITAL, LLC						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$175.00		601 CONGRESS AVE						
			STE 300						
			AUSTIN, TX 78701						
_	DUDDOCE				r				
8	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	<b>b)</b> Description	outoi	ide of Texas. Com	nlata Sahadula T
	EXPENDITURE		Office Overhead/Rental Expen	ise				, officeholder living	
						DATA SERV			oxponed
						2/11/02/11			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	)ffice soug	ht		Office he	eld
	Date		Payee name						
	11/07/2023		PINE COVE CAPITAL, LLC						
				01-1-1	7: 0	-			
	Amount (\$)		Payee address; City;	State;	Zip Co	e			
	\$175.00		601 CONGRESS AVE						
			STE 300						
			AUSTIN, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	<b>b)</b> Description			
	OF EXPENDITURE		Office Overhead/Rental Expen			Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	LAFENDITORE							, officeholder living	expense
						DATA SERV	ICE	ES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	)ffice souç	ht		Office he	eld
	Date		Payee name						
	12/18/2023		PINE COVE CAPITAL, LLC						
	Amount (\$)		Payee address; City;	State <sup>.</sup>	Zip Co	le			
	\$175.00		601 CONGRESS AVE	otato,	2.p 000				
	\$110.00								
			STE 300						
			AUSTIN, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	<b>b)</b> Description			
	EXPENDITURE		Office Overhead/Rental Expen	se				ide of Texas. Com	
								, officeholder living	expense
						DATA SERV	IUE		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	office soug	ht		Office he	eld
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	j/Banking     Fees     Office Overhead/Rental Expense       Expense     Food/Beverage Expense     Poling Expense       ns/ Donations Made By -     Git/Awards/Memorials Expense     Printing Expense       ate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FI	LER NAME			-	3	Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 27/36		ESTORE TRUST TEXAS (RTT	-)				00087452
4	Date 07/03/2023		ayee name ENTINEL STRATEGIC ADVISO	ORS, LLC	;			
6	Amount (\$) \$530.00	12 S <sup>-</sup>	7 Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 20036					
8	PURPOSE OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Solicitation/Fundraising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>FUNDRAISING CONSULTING</li> </ul>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	e soug	nt		Office held
	Date 08/08/2023		ayee name ENTINEL STRATEGIC ADVISC	ORS, LLC	;			
	Amount (\$) \$1,530.00	12 S <sup>-</sup>	ayee address; City; 250 CONNECTICUT AVE NW TE 700 /ASHINGTON, DC 20036	State; Zi	ip Cod	e		
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top o olicitation/Fundraising Expense		2) (	Check if Austin	ı, TX,	de of Texas. Complete Schedule T. . officeholder living expense CONSULTING
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	e soug	nt		Office held
	Date	Pa	ayee name					
	09/07/2023		ENTINEL STRATEGIC ADVISO	ORS, LLC	;			
	Amount (\$) \$530.00	12 S <sup>-</sup>	ayee address; City; 250 CONNECTICUT AVE NW TE 700 /ASHINGTON, DC 20036	State; Zi	ip Cod	e		
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top o olicitation/Fundraising Expense		2) (	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense CONSULTING
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	e soug	nt		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nking Fees Office Overhead/Rental Expense pense Food/Beverage Expense Polling Expense Donations Made By - Gift/Awards/Memorials Expense Printing Expense Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor			ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 28/36		RESTORE TRUST TEXAS (RTT)					00087452
4	Date	5	Payee name					
	11/01/2023		SENTINEL STRATEGIC ADVISOR	S, LLC				
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	ode			
	\$2,335.00		1250 CONNECTICUT AVE NW					
			STE 700					
			WASHINGTON, DC 20036					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		Solicitation/Fundraising Expense	,		Check if travel		ide of Texas. Complete Schedule T.
						FUNDRAISI	٩G	CONSULTING
9	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office held
9	expenditure to benefit C/OI			Office so	uynı			Onice held
	Date		Payee name					
	12/01/2023		SENTINEL STRATEGIC ADVISOR	S, LLC				
	Amount (\$)		Payee address; City; St	ate; Zip C	ode			
	\$3,130.00		1250 CONNECTICUT AVE NW					
			STE 700					
			WASHINGTON, DC 20036					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	OF EXPENDITURE		Solicitation/Fundraising Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
	Complete ONLY if direct		Candidate/Officeholder name	Office so	l ught			Office held
	expenditure to benefit C/OI	Н			0			
-	Date		Payee name					
	12/01/2023		SENTINEL STRATEGIC ADVISOR	S, LLC				
	Amount (\$)		Payee address; City; St	ate; Zip C	ode			
	\$1,460.14		1250 CONNECTICUT AVE NW					
			STE 700					
			WASHINGTON, DC 20036					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	OF EXPENDITURE		Solicitation/Fundraising Expense	,		Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE							officeholder living expense
						FUNDRAISI	٩Ġ	CONSULTING
	Complete ONU V if dire at		Condidate/Officeholder restre	Office ca				Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugnt			Office held
_	·							

EXPENDITUR	ES MADE BY CRED	IT CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi	Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials E cal Committee Legal Services	Office Over Polling E Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4 Sch: 1/6 Rpt: 30/36	2 FILER NAME RESTORE TRUST TEXAS (	(RTT)		3     Filer ID     (Ethics Commission Filers)       00087452
<sup>4</sup> TOTAL OF UNITEM	IZED EXPENDITURES CHAR	RGED TO A CRE	EDIT CARD	\$
5 Date 11/20/2023	6 Payee name 101DOMAIN			
7 Amount (\$) \$18.67	8 Payee address; City; 3220 EXECUTIVE RDG STE 101 VISTA, VA 92081	State; Zip C	ode	
9 TYPE OF EXPENDITURE	X Political	Non-Po	litical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Expo			l outside of Texas. Complete Schedule T. in, TX, officeholder living expense ICE
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office so	ught	Office held
Date 10/03/2023	Payee name DELTA AIR LINES			
Amount (\$) \$128.90	Payee address; City; 1030 DELTA BOULEVARD	State; Zip C	ode	
	ATLANTA, GA 30354			
TYPE OF EXPENDITURE	X Political	Non-Po	litical	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Travel In District	e top of this schedule)		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office so	ught	Office held

EXPENDITURI	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expen al Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor xplains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 31/36	RESTORE TRUST TEXAS (RT	Т)	00087452
<sup>4</sup> TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date 12/01/2023	6 Payee name GOOGLE		
7 Amount (\$) \$34.48	8 Payee address; City; 1600 AMPHITHEATRE PKWY	State; Zip Code	
	MOUNTAIN VIEW, CA 94043		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Office Overhead/Rental Expense	e Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense VICE
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 12/11/2023	Payee name SOUTH CONGRESS HOTEL P.	ARKING GARAGE	
Amount (\$) \$21.66	Payee address; City; 1603 S CONGRESS AVE	State; Zip Code	
	AUSTIN, TX 78704		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Travel In District	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY CREDIT	T CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La e explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)
L	Total pages Schedule F4: Sch: 3/6 Rpt: 32/36	2 FILER NAME RESTORE TRUST TEXAS (F	RTT)	3     Filer ID     (Ethics Commission Filers)       00087452
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CREDIT CARD	\$
5	Date 11/09/2023	6 Payee name UBER		
7	Amount (\$) \$63.15	8 Payee address; City; 1455 MARKET ST #400 SAN FRANCISCO, CA 94103	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Travel In District	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sought	Office held
	Date 11/10/2023	Payee name UBER		
	Amount (\$) \$40.78	Payee address; City; 1455 MARKET ST #400	State; Zip Code	
	TYPE OF	SAN FRANCISCO, CA 94103	3	
	EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Travel In District	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITUR	ES MADE BY CREDI	T CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	CATEGORIES FOR BOX 1 Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont e explains how to complete th	imbursement Solicitation/Fundraising Expense tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)
	Total pages Schedule F4: Sch: 4/6 Rpt: 33/36	2 FILER NAME RESTORE TRUST TEXAS (F	RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	GED TO A CREDIT CA	ARD \$
5	Date 11/14/2023	6 Payee name UBER		
7	Amount (\$) \$10.61	8 Payee address; City; 1455 MARKET ST #400 SAN FRANCISCO, CA 94103	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Travel In District		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAVEL
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sought	Office held
	Date 11/15/2023	Payee name UBER		
	Amount (\$) \$9.25	Payee address; City; 1455 MARKET ST #400	State; Zip Code	
_	TYPE OF	SAN FRANCISCO, CA 94103		
	EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Travel In District		Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AVEL
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY CREDIT	Γ CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract e explains how to complete this f	sement Solicitation/Fundraising Expense xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)
	Total pages Schedule F4: Sch: 5/6 Rpt: 34/36	2 FILER NAME RESTORE TRUST TEXAS (F	RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CREDIT CAR	<b>\$</b>
5	Date 11/20/2023	6 Payee name UBER		
7	Amount (\$) \$26.53	8 Payee address; City; 1455 MARKET ST #400 SAN FRANCISCO, CA 94103	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Travel In District	Che	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sought	Office held
	Date 12/01/2023	Payee name UBER		
	Amount (\$) \$17.92	Payee address; City; 1455 MARKET ST #400	State; Zip Code	
	TYPE OF	SAN FRANCISCO, CA 94103		
	EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Travel In District	Che	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURI	ES MADE	BY CREDIT	CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loan Re Office O Polling E ense Printing I Salaries/	payment/Reimbursemen verhead/Rental Expense xpense Expense Wages/Contract Labor	nt Solicitation/Fundraising Expense e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 6/6 Rpt: 35/36		IE E TRUST TEXAS (R'	TT)		3 Filer ID (Ethics Commission Filers) 00087452
<sup>4</sup> TOTAL OF UNITEMI	ZED EXPEN	DITURES CHARG	ED TO A CRE	EDIT CARD	\$
5 Date 11/15/2023	6 Payee nam USPS	e			
7 Amount (\$) \$248.00		ANT PLAZA SW	State; Zip C	ode	
9 TYPE OF	WASHING	FON, DC 20260	Non-Po	litical	
EXPENDITURE 10 PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the to rhead/Rental Expen			avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office so	ught	Office held

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form				ages Schedule K: /1 Rpt: 36/36		
2	FILER NAME3 Filer IDRESTORE TRUST TEXAS (RTT)00087			(Ethics Commission F	ilers)		
				00087432			
4	Date	5 Name of person from whom amount is received			8 Amount (\$)		
	12/05/2023	AMERICAN EXPRESS				\$2.58	
	12/03/2023					Ψ2.50	
		6 Address of person from whom amount is received; City; State; Zip Code					
		EL PASO, TX 79998					
		7 Purpose for which amount is received Check if p	olitica	al contr	ibution returned to filer		
			Jonniou		ibution returned to mer		
		CASH REBATE					
	Data	Nome of nervon from whom amount is reasized			Amount (ft)		
	Date	Name of person from whom amount is received			Amount (\$)		
	12/18/2023	AMERICAN EXPRESS				\$7.44	
		Address of person from whom amount is received; City; State; Zip Code					
		EL PASO, TX 79998					
		Purpose for which amount is received Check if p	oolitica	al contr	ribution returned to filer		
		CASH REBATE					